

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--|-------------------------------------|---|-----------|
| 1 Date of Request: <u>11/12/03</u> | 2 Serial/Patent # <u>04/900,751</u> | | |
| 3 Please refund the following fee(s): | | | |
| Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| Amendment | | | \$ |
| ✓ Extension of Time | 13 | 10/3/03 | \$ 420.00 |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 420.00 |
| | | 8 TO BE REFUNDED BY: | |
| | | Treasury Check | |
| Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | |
| ✓ Duplicate Payment | <input checked="" type="checkbox"/> | 9 <u>50-1271</u> | |
| ✓ No Fee Due (Explanation): | | <i>MAXIMUM TIME FOR EXTENSION EXPIRED. ALSO CHARGED TWICE FOR 2M. EXTENSION</i> | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>CHARLENE GRANT</u> | | TITLE: <u>Attorney</u> | |
| SIGNATURE: <u>Charlene Grant</u> | | PHONE: <u>306-0251</u> | |
| OFFICE: <u>Patent</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: <u>Han Le</u> | DATE: <u>11/12/03</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B